



# Manufactured Home Salesperson License Application

Department of Safety and  
Professional Services  
Manufactured Home Unit  
P.O. Box 8935  
Madison, WI 53708-8935  
Phone: (608) 266-2112

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Revenue Code: 7511

- **Each manufactured home dealer must have at least one licensed salesperson.**
- **Fill in form completely, sign, and date.**
- **Make check payable to: State of WI - DSPS**
- **Submit completed form and license fee to the above address.**

Phone Number		Driver's License No.	
Last Name / First Name / Middle Initial			
Home Address		P.O. Box	
City / State / Zip Code +4			
Social Security Number	Gender		Birthdate

**License Fee** : \$31.00 for Manufactured Home Salesperson License. Fee consists of \$16.00 license fee and a \$15.00 application fee.

Yes No

- ☐ ☐ Was similar license ever denied, suspended, or revoked in this or any other state? If yes, explain on back side of application.
- ☐ ☐ Have you (the applicant) ever been charged with a felony? If yes, provide date and brief explanation on back side of application.

## APPLICANT STATEMENT

I certify that I have read and understand all the requirements pertaining to the type of license for which I am making application and that the answers and statements made are complete, correct, and true to the best of my knowledge. I further understand that a misstatement on this application or supporting documents means my salesperson/ representative license may be denied, suspended, or revoked under s. 218.01 (3) (a) Wisconsin Statutes. I authorize any agent of the department to verify this information.

X \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* **TO BE COMPLETED BY EMPLOYER** \*\*\*\*\*

<b>Manufactured Home Dealer Statement</b>  I request that the indicated license be issued and agree to give the applicant appropriate training before permitting him/her to transact business. I understand that I am responsible for the sales or representative practices of this employee and that his/her actions may be grounds for a sanction of my business license.  X _____ Signature of Manufactured Home Dealer  Title _____ Date _____	Dealer No. _____	Expiration Date _____
	Dealer Name _____	
	Street Address _____	
	City / State / Zip Code +4 _____	
	(Area Code) Telephone Number _____	